

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Jan 14 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F44158 (6)**  
1. Corporation Name  
**ACME UTILITY PRODUCTS, INC.**



Principal Place of Business: **PO BOX 810395 BOCA RATON FL 33481-0395 US**  
Mailing Address: **POST OFFICE BOX 810395 BOCA RATON FL 33481-0395 US**

3. Date Incorporated or Qualified: **09/14/1981**  
3a. Date of Last Report: **06/12/1996**  
4. FEI Number: **59-2143717**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30  
Suite, Apt. #, etc.:  
City & State:  
Zip Country

9. Name and Address of Current Registered Agent  
**LADIN, BENJAMIN  
C-2043 NEWCASTLE DR.  
BOCA RATON FL 33434**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City, St. Zip Code  
**FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                             |                                 |
|----------------------------|-----------------------------|---------------------------------|
| TITLE                      | <b>DST</b>                  | <input type="checkbox"/> DELETE |
| NAME                       | <b>LADIN, BENJAMIN</b>      |                                 |
| STREET ADDRESS             | <b>C-2043 NEWCASTLE DR.</b> |                                 |
| CITY - ST - ZIP            | <b>BOCA RATON FL</b>        |                                 |
| TITLE                      | <b>DP</b>                   | <input type="checkbox"/> DELETE |
| NAME                       | <b>LADIN, PEARL</b>         |                                 |
| STREET ADDRESS             | <b>C-2043 NEWCASTLE DR.</b> |                                 |
| CITY - ST - ZIP            | <b>BOCA RATON FL</b>        |                                 |
| TITLE                      |                             | <input type="checkbox"/> DELETE |
| NAME                       |                             |                                 |
| STREET ADDRESS             |                             |                                 |
| CITY - ST - ZIP            |                             |                                 |
| TITLE                      |                             | <input type="checkbox"/> DELETE |
| NAME                       |                             |                                 |
| STREET ADDRESS             |                             |                                 |
| CITY - ST - ZIP            |                             |                                 |
| TITLE                      |                             | <input type="checkbox"/> DELETE |
| NAME                       |                             |                                 |
| STREET ADDRESS             |                             |                                 |
| CITY - ST - ZIP            |                             |                                 |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |  |
|---|--|--|
| 1.1 TITLE   |  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME  |  |  |
| 1.3 STREET ADDRESS                                    |  |  |
| 1.4 CITY - ST - ZIP                                   |  | <b>33434</b>   |
| 2.1 TITLE   |  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME  |  |  |
| 2.3 STREET ADDRESS                                    |  |  |
| 2.4 CITY - ST - ZIP                                   |  | <b>33434</b>   |
| 3.1 TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME  |  |  |
| 3.3 STREET ADDRESS                                    |  |  |
| 3.4 CITY - ST - ZIP                                   |  |  |
| 4.1 TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME  |  |  |
| 4.3 STREET ADDRESS                                    |  |  |
| 4.4 CITY - ST - ZIP                                   |  |  |
| 5.1 TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME  |  |  |
| 5.3 STREET ADDRESS                                    |  |  |
| 5.4 CITY - ST - ZIP                                   |  |  |
| 6.1 TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME  |  |  |
| 6.3 STREET ADDRESS                                    |  |  |
| 6.4 CITY - ST - ZIP                                   |  |  |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **B. Ladin (Secretary)** Date: **1/7/97** Daytime Phone #: **561-483-5606**

CR2E034 (9/96)